

Sixteenth Amendment to the Contract

This Sixteenth Amendment to the Contract for Iowa Medicaid Enterprise Services (the “Contract”) between the State of Iowa, Department of Human Services (the “Agency” or “DHS”) and Telligen (the “Contractor”) is made pursuant to Section 22.5 of the Contract. This Amendment is effective as of August 1, 2014, and will remain coterminous with the Contract. The Amendment modifies, to the extent specified below, the terms and conditions of the Contract:

Section 1: Amendment to Contract Language

The Contract is amended as follows:

Revision 1. Section 6.2.6, Health Information Technology, is hereby deleted and replaced as follows:

6.2.6 Health Information Technology

Support activities based on provisions in the American Recovery and Reinvestment Act (ARRA) and in compliance with Federal regulations outlined in 42 CFR 495. Research, plan and oversee the HIT project, including initiatives supporting the meaningful use of health information exchange and coordination with the Health Information Exchange (HIE) and the Regional Extension Center. Ensure privacy and security in expanding the availability of health information exchange. Identify connection points between the health information exchange and the MMIS system for administrative efficiencies and program evaluation. The Department has developed a State Medicaid Health Information Technology Plan (SMHP) that provides the vision and roadmap to encourage the adoption and meaningful use of electronic health records systems by Iowa Medicaid providers. This strategic plan will be reviewed and updated annually to allow Iowa Medicaid to leverage technology to improve quality outcomes and manage the growing costs of health care delivery.

6.2.6.1 State Responsibilities

- a. Provide current policy, status and lines of communication regarding the HIT plan, Affordable Care Act planning and subsequent projects.
- b. Set direction for contractor as planning efforts mature.
- c. Establish and communicate the project library for each project.

6.2.6.2 Contractor Responsibilities

- a. Manage the continuing development of the HIT plan as directed by the Department.
- b. Represent the Department in discussions with stakeholders.
- c. Protect the privacy of Medicaid members in all recommendations.
- d. Contribute to the definition of incentive payment strategies.
- e. Champion the plan within the Medical Services unit as the plan matures and features of the plan are enacted.
- f. Participate in planning and execution of statewide provider assessment as directed by the Department.
- g. Provide consolidated project tracking and reporting for all Health Information Technology projects.
- h. Provide weekly status reports regarding HIT project(s) status, items completed, work planned for the next week (including meetings), outstanding action items and issues

- i. Update the State Medicaid HIT Plan annually and as needed for new initiatives.
- j. Update the HIT I-APD annually and as needed.
- k. Provide HIT I-APD budget planning and tracking.
- l. Provide quarterly update reports for CMS regarding progress on the HIT I-APD.
- m. Participate in the HIT Regional Extension Center advisory council as directed by the Department.
- n. Participate in the Iowa e-Health advisory council and workgroups as directed by the Department.
- o. Represent Iowa Medicaid Enterprise in presentations and workshops related to Health Information Technology as directed by the Department.
- p. Attend regional and national conferences related to Health Information Technology as directed by the Department, including the Annual CMS HITECH conference and ONC HIT Grantee conference.
- q. Schedule and facilitate monthly status meetings with the project steering team and Provider Services Unit Manager.
- r. Support and track projects related to Health Information Technology as directed by the Department. Currently known projects include:
 - a. Jointly host an annual e-Health Summit conference with Iowa eHealth and the HIT Regional Extension Center
 - b. Medicaid members access to personal health records
 - c. Application of HIT to reduce costs and/or improve quality outcomes
 - d. Program evaluation and environmental scans
- s. Maintain a project library that includes the project deliverables, links to relevant resources, and supporting research.
- t. Document and place in project library all meeting minutes following all meetings with internal and external entities and/or project meetings in which decisions were made or actions items assigned.
- u. Participate in annual reviews and updates of the SMHP as directed by the Department.
- v. Participate in local, regional and national conferences as directed by the Department.
- w. Recommend strategies to leverage the availability of clinical data to promote efficiencies and improve clinical outcomes.
- x. Manage the capture of quality metrics for the purposes of measuring meaningful use of electronic health records, health/medical home performance monitoring, federal reporting, or other Medicaid program evaluation purposes.
- y. Produce and update the following deliverables for each project, within the timelines agreed upon by the Department:
 - Project Charter – including the project scope
 - Cost Benefit Analysis
 - Business Requirements
 - Project Plan
 - Test Plan
 - Implementation Plan

6.2.6.3 Performance Standards

- a. Contractor shall participate in 90% of HIT project status meetings.
- b. Contractor shall submit weekly project status reports by 9:00am Monday mornings.
- c. Contractor shall deliver project documents within the timeframes agreed upon between the Contractor and the Department in the project charter.

- d. Contractor shall update the project work plan at a minimum every 21 calendar days.

Revision 2: Contract Section 7.1, Payment Terms and Compensation, paragraph four, the lines reading SFY 2015 and SFY16, as detailed in "Attachment 9", attached hereto and incorporated herein by reference, are hereby modified to read as follows:

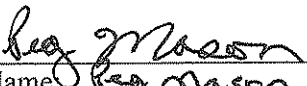
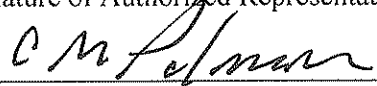
SFY 2015 \$12,627,716
SFY 2016 \$12,998,789

Section 2: Ratification, Authorization, and Contingency

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and this Amendment constitutes a legal, valid and binding obligation upon itself in accordance with its terms. This Amendment is subject to and contingent upon CMS approval.

Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Telligen	Agency, Iowa Department of Human Services
Signature of Authorized Representative: 	Signature of Authorized Representative: 
Printed Name: Greg Mason	Printed Name: Charles M. Palmer
Title: Vice President	Title: Director
Date: 7/17/14	Date: 7-31-14

Attachment 9
Cost Proposal MED 10-001-C

Amendment 16 Costs and Reduction of HIT Payment

	Annual Cost SFY15	Annual Cost SFY16
HIT Costs from BAFO	\$290,457	\$299,171
New HIT Costs (Amendment 16 replaces BAFO costs for 8/1/14- 6/30/16)	\$186,180	\$ 182,001
= Reduction of	\$104,277	\$ 117,170